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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *RWM* \*\*\*\*\*  
 This appln claims benefit of 60/197,963 04/17/2000

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None-RWM* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 06/07/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY IL	SHEETS DRAWING 14	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 7
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ADDRESS  
 22908  
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TITLE  
 Testing method and system

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